HARNETT COUNTY HEALTH DEPARTMENT ENVIRONMENTAL HEALTH SECTION 307 W. CORNELIUS HARNETT BLVD. LILLINGTON, NC 27546 910-893-7547 PHONE 910-893-9371 FAX

Application for Repair

NA

| | | EMAIL ADDRESS: | | | | |
|---|----------------------------|---------------------------|--|--|--|--|
| NAME Ruth Kelly | | PHONE NUMBER 91 | 9 258-6788 | | | |
| PHYSICAL ADDRESS 1311 Ros | SSER PITMAN | RD | | | | |
| MAILING ADDRESS (IF DIFFFERENT THAN PHYSICAL) | | | | | | |
| IF RENTING, LEASING, ETC., LIST PROPERTY OWNER NAME | | | | | | |
| SUBDIVISION NAME | LOT #/TRACT # | STATE RD/HWY | SIZE OF LOT/TRACT | | | |
| SUBDIVISION NAME | LOT #/TRACT # | STATE KD/ HWT | SIZE OF LOT/TRACT | | | |
| Type of Dwelling: [] Modular [] N | Mobile Home M Stic | k built [] Other | | | | |
| Number of bedrooms 2 [] Basement | | | | | | |
| Garage: Yes[]No | Dishwasher: Yes No [] | | Garbage Disposal: Yes [] No | | | |
| Water Supply: [] Private Well | | | | | | |
| Directions from Lillington to your site: TURN LEFT AT MAMER STOP | | | | | | |
| LIGHT, THEN IMEDIATE RIGHT, HOUSE ON | | | | | | |
| LEFT | | | | | | |
| | | | | | | |
| | | | | | | |
| In order for Environmental Health to | help you with your repair, | you will need to comp | oly by completing the following: | | | |
| A <u>"surveyed and recorded map"</u> wells on the property by showing | | " must be attached to thi | s application. Please inform us of any | | | |
| | | o be uncovered and proj | perty lines flagged. After the tank is | | | |
| | | | nas been placed, you will need to call | | | |

letter. (Whichever is applicable.)

By signing below, I certify that all of the above information is correct to the best of my knowledge. False information will result in

Your system must be repaired within 30 days of issuance of the Improvement Permit or the time set within receipt of a violation

By signing below, I certify that all of the above information is correct to the best of my knowledge. False information will result in the denial of the permit. The permit is subject to revocation if the site plan, intended use, or ownership changes.

Signature 3 - 19-202

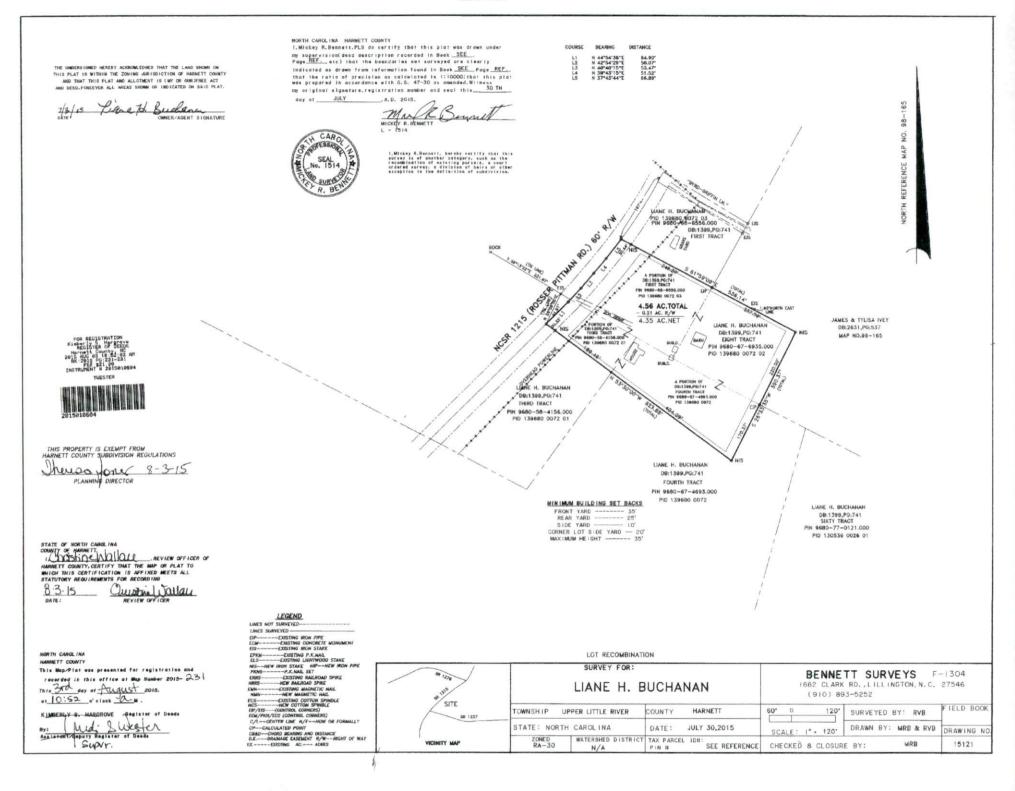
Date

us at 910-893-7547 to confirm that your site is ready for evaluation.

HOMEOWNER INTERVIEW FORM

It is important that you answer the following questions for our inspectors. Please do not leave any blanks if possible, and answer all questions to the best of your ability. Thank You.

| ave y Iso, w | ou received a violation letter for a failing system from our office? []YES [X]NO within the last 5 years have you completed an application for repair for this site? []YES X NO |
|----------------------------|--|
| istalle eptic | rome was built (or year of septic tank installation) P49 Pr of system UNKNOWN Tank Pumper UNKNOWN PUNKNOWN |
| 1. | Number of people who live in house?# adults# children# total What is your average estimated daily water usage? gallons/month or day county water. If HCPU please give the name the bill is listed in |
| 3. 4. 5. 6. 7. | If you have a garbage disposal, how often is it used? [] daily [] weekly [] monthly When was the septic tank last pumped? |
| 9. | Do you use an "in tank" toilet bowl sanitizer? [] YES NO Are you or any member in your household using long term prescription drugs, antibiotics or chemotherapy?] [] YES NO If yes please list Do you put household cleaning chemicals down the drain? [] YES NO If so, what kind? |
| | Have you put any chemicals (paints, thinners, etc.) down the drain? [] YES NO Have you installed any water fixtures since your system has been installed? [] YES NO If yes, please list any additions including any spas, whirlpool, sinks, lavatories, bath/showers, toilets |
| 14. | Do you have an underground lawn watering system? [] YES [NO Has any work been done to your structure since the initial move into your home such as, a roof, gutter drains, basement foundation drains, landscaping, etc? If yes, please list |
| | Are there any underground utilities on your lot? Please check all that apply: [] Power [] Phone [] Cable [] Gas [] Water Describe what is happening when you are having problems with your septic system, and when was this first noticed? ROOTS HAVE OVER TAKEN SYSTEM |
| 17. | Do you notice the problem as being patterned or linked to a specific event (i.e., wash clothes, heavy rains, and household guests?) [] YES NO If Yes, please list |
| | |



FOR REGISTRATION
Kimberly S. Hargrove
REGISTER OF DEEDS
Harnett County, NC
2015 NOV 03 12:25:42
BK:3352 PG:848-849
FEE:\$26.00
EXCISE TAX: \$206.00
INSTRUMENT # 2015015346



13 9680 0672 11.3.15 BY 33

NORTH CAROLINA GENERAL WARRANTY DEED

| Excise Tax: 206,00 | | | |
|---|---|---|---|
| Parcel Identifier No. 139680 0072 By: | Verified by | County on the | |
| Mail/Box to: Reginald B. Kelly of Kelly | y & West, P.A., PO Box 1 | 118, Lillington, NC 27546 | |
| This instrument was prepared by: Regin | ald B. Kelly of Kelly & | West, P.A., PO Box 1118, Lillin | igton, NC 27546 |
| Brief description for the Index: | | | |
| THIS DEED made this 2nd day of | November , 20 15, | by and between | |
| Liane H. Buchanan, widow GRANTOR | | GRA | ANTEE |
| 3456 Hidden Acres Drive | | Ruth Kelly and spouse, | |
| Atlanta, GA 30340 | | Johnny Kelly | |
| | | 1311 Rosser Pittman Roa | ıd |
| | | Broadway, NC 27505 | |
| | | 8 | |
| | | | |
| The designation Grantor and Grantee as singular, plural, masculine, feminine or WITNESSETH, that the Grantor, for a wand by these presents does grant, bargain in the City of Broadway more particularly described as follows: Being all of that certain parcel containin 30, 2015, by Mickey R. Bennett, PLS and | raluable consideration par n, sell and convey unto the Upper Little River g 4.56 acres as shown on | id by the Grantee, the receipt of e Grantee in fee simple, all thatTownship, Harnett Lot Recombination Survey Fo | which is hereby acknowledged, has certain lot or parcel of land situated County, North Carolina and r: "Liane J. Buchanan", dated July |
| The property herein described is not the | primary residence of the | Grantor (NCGS 105-317.2) | |
| The property hereinabove described wa | s acquired by Grantor by | instrument recorded in Book | 1399 page 741. |
| A map showing the above described pro | perty is recorded in Plat | Book page | ė |
| NC Bar Association Form No. L-3 © 19 Printed by Agreement with the NC Bar | | | x Forks Rd., Raleigh, NC 27609 |

TO HAVE AND TO HOLD the aforesaid lot or parcel of land and all privileges and appurtenances thereto belonging to the Grantee in fee simple.

And the Grantor covenants with the Grantee, that Grantor is seized of the premises in fee simple, has the right to convey the same in fee simple, that title is marketable and free and clear of all encumbrances, and that Grantor will warrant and defend the title against the lawful claims of all persons whomsoever, other than the following exceptions:

| IN WITNESS WHEREOF, the Grantor has duly ex | xecuted the foregoing as of the day and year first above written. Ligne H. Buchanar (SFAI) |
|--|---|
| (Entity Name) | Liane H. Buchanan (SEAL) |
| Ву: | (SEAL) |
| Title: | |
| By: | (SEAL) |
| | |
| By: | (SEAL) |
| State of North Carolina - County of Harnett | I State of consideration of Liona H. Dushanan |
| | State aforesaid, certify that Liane H. Buchanan personally appeared before me this day and |
| acknowledged the due execution of the foregoing installed | the for the numbers therein expressed. Witness my hand and Notaria |
| stamp or seal this Z day of Novembruil CLAMB | 2001 |
| My Commission Expires: 7/29/16 | Experience M M Lamb |
| State of North Carolina - County of I, the undersigned Notary Public of the Sounty and S | Notary Public |
| State of North Carolina - County of | *** |
| i, the undersigned rectary rubble of the southly and a | natic arolesaid, certify that |
| personally came before me this day and acknowledged that | nhè is the |
| corporation/limited liability company/gener | ral partnership/limited partnership (strike through the inapplicable), and |
| that by authority duly given and as the act of such entity, _he | signed the foregoing instrument in its name on its behalf as its act and |
| deed. Witness my hand and Notarial stamp or seal, this | day of, 20 |
| My Commission Expires: | |
| State of North Carolina - County of | Notary Public |
| | State aforesaid, certify that |
| Witness my hand and Notarial stamp or seal, this day | of,20 |
| My Commission Expires: | Notary Public |
| The Control of Control | |
| The foregoing Certificate(s) of | e are duly registered at the date and time and in the Book and Page shown |
| Register of Deeds | forCounty |
| Ву: | Deputy/Assistant - Register of Deeds |
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